

Many thanks to Diana and Shari of the Ohio Department of Aging for inviting me here today to speak to you at your Nutrition Network Training. Director Lawrence and the staff at the Ohio Department of Aging for all their hard work and leadership on behalf of Ohio's seniors. In addition, thank you to each of you and your colleagues for the work you do everyday to provide services to your clients.

What is OASHF – who we are and who we serve?

Many of you and your colleagues who work through the Area Agencies on Aging depend on food pantries to help your clients secure the food and groceries they need each day.

As a state and nation, we have a special responsibility to provide for our most vulnerable populations such as children and the elderly.

Older Americans have built the economy and national infrastructure from which we now benefit. Raised during the Great Depression, they went on to defend our freedom in the Second World War and won the cold war. America's older citizens have rightly been called the "greatest generation." It is morally unacceptable that the people that built this country -- our senior citizens -- should suffer hunger in a land of plenty, which they helped to create.

Today, in communities across Ohio, more seniors are relying on a variety of different nutrition programs comprised of both public and privately supported efforts to meet their nutritional needs. Unfortunately inadequate and declining private resources, coupled with proposed state and federal budget cuts are contributing to increasing rates of hunger and food insecurity.

Currently Meals on Wheels programs are chronically short of the funding they need to serve eligible seniors, waiting list across the state continue to grow longer each day.

We are working at the State level, advocating to add \$4 million to the Senior Community Services (GRF 490-411) to help supplement the cost of home delivered meals.

The Commodity Supplement Food Program, a federal program that is operated by 5 of our 12 member foodbanks, only has enough funding to serve 13,226 seniors each month of the 230,893 seniors who are eligible for the program (130% or below of the Federal poverty level. The Presidents 2006 federal budget proposal will force deep cuts to the program and require Ohio to eliminate services to 1,832 of the seniors we currently serve. This cut has the potential of forcing more seniors into home and community based services, Passport or nursing homes. This cut is just penny wise and pound-foolish.

Who will be impacted: People like Linda Miller 60, who receives a 45-pound box of federal commodities through the CSFP each month from the Second Harvest Foodbank of Southeastern Ohio. Ms. Miller has raised her children and worked for 41 years as a waitress and cook before she was disabled by a bad back, she now struggles to make ends meet on \$572 a month in Social Security and disability payments. Ms. Miller reports struggling between trying to buy food - purchase her prescriptions and keep a roof over her head.

Reduced federal, state and local public funding, including the proposed cuts to the Local Government Fund, coupled with declining private donations in a troubled economy, force many Ohio food banks and emergency food providers, to amass long waiting list during the past year of seniors who desperately need the food provided through the CSFP and Meals on Wheels programs to help feed themselves and maintain their independence.

Private donations of both food and funding are forcing our network to reduce the amount of food and sometimes ration what limited groceries we have as we struggle to feed more people with fewer and fewer resources.

Governor Taft, in his proposed 2006/2007 budget, has included \$5.5 million per year in funding for foodbanks, which provides over 20% of all the food we distribute in the State. We know the budget process is going to be long and difficult for everyone involved, and we recognize that some tough decisions have to be made. Clearly, we are very concerned about the potential impact that some of these proposed cuts will have on the people served by Ohio's foodbanks, including the elimination of Medicaid optional services for vision and dental to 800,000 Ohioans', 25,000 low-income working families who will lose Medicaid and over 15,000 vulnerable adults who will lose disability medical assistance. We have a very long and difficult budget process ahead of us and we must all fight hard to maintain these programs and advocate for sufficient funding to ensure these services continue and are allowed to grow to meet the demand. This funding is critically important as we attempt to piece together a safety net for our most vulnerable citizens.

Many elected officials at the state and federal levels believe that both federal nutrition programs and charity efforts will fill the gap created by these cuts - they are WRONG! Federal Programs, such as CSFP, TEFAP, Food Stamps, and Seniors Farmers Market Programs are under attack. In addition, Federal funding for these programs are already insufficient with extremely low benefits. Currently these programs don't reach the low-income seniors who need them the most.

Thus more seniors – who are often reluctant to ask for help or enroll in these programs, are showing up in increasing numbers at one of our states 3,000 non-profit and faith-based food bank, food pantries, soup kitchens seeking food assistance.

What will these cuts mean?

Cuts to Nutrition Programs and Compromised Health Outcomes

Adequate nutrition is important to health, functioning, and mobility for all people, no matter what age. For elderly people, however, food and nutrition can be critical

because of their vulnerability to health problems and physical and cognitive impairments².

Scientific evidence increasingly supports that good nutrition is essential to the health, self-sufficiency, and quality of life of older adults³. Seniors in food-insufficient households (inadequate nutritional intake due to a lack of resources) are likely to report their health status as fair or poor⁴.

Seniors are also more likely than their younger counterparts to endure chronic health conditions, deficiency diseases, conditions that impair indigestion, and susceptibility to infection⁵.

In addition to the damage hunger and poor nutrition can do to the health and wellbeing of the elderly, there is a social cost as well. Poor nutrition leads to health problems, which can lead to increased medical costs. Insufficient nutrient intake accounts for a disproportionate amount of health care costs⁶ unrelated to aging among low-income elderly individuals: in spite of only representing over 13% of the total population, seniors account for over 30% of all health care expenditures⁷.

Proper nutrition among the elderly promotes good health⁸ and helps prevent chronic (and costly) disease and disability among the elderly⁹. Without question, then, adequate, nutritious food can reduce future health risks - as well as costs.

The Elderly in Rural Communities are at increasing risk

Rural areas have a higher proportion of elderly residents in their total population than do urban and suburban areas: the elderly constitute nearly 24% of the non-metro population, while the elderly in metropolitan areas constitute only 15%¹⁰. In addition, rural elderly persons are more likely to be poor than urban elderly¹¹.

At the same time, rural communities are typified by a lack of access to social services, transportation barriers, and a lack of food resources impeding access to adequate food and nutrition. Low population density means that social services are not in abundance or are difficult to reach.

Even when services exist, older residents may have trouble accessing them without a reliable vehicle or the ability to drive one, as only about half of all rural counties have a public transportation system¹². A lack of transportation was frequently cited by agencies as a barrier to participation in the Food Stamp Program as well¹³.

Rural communities also claim widely scattered grocery stores, presenting problems in getting to stores, particularly for the elderly¹⁴. Even when supermarkets are present, however, rural grocery market prices are about 6% higher than suburban prices¹⁵.

In certain areas of Ohio, our member charities have begun mobile food pantry services to help reach these low-income hungry residents.

Low Participation Rates in Federal Programs

Seniors have historically low participation rates in federal nutrition programs, particularly the Food Stamp Program. Only one-third of all eligible elderly persons participate in the Food Stamp Program¹⁶, a much lower number than the participation rate of the general population.

Many factors may contribute to this low rate, including a lack of transportation to the food stamp office, misinformation about the program¹⁷, and lengthy and difficult applications¹⁸. Additionally, prohibitive waiting lists present a barrier with the Elderly Nutrition Program (ENP); the average waiting period for participation in an ENP home-based meal program is 2-3 months¹⁹.

Finally, programs like The Emergency Food Assistance Program (TEFAP), which provides emergency food commodities to low-income seniors, is not available through every emergency feeding program seniors might use. In addition, the Commodity Supplemental Food Program (CSFP), that provides food to the elderly, is not available in all states and thus not accessible to all eligible seniors.

1. *Reaching Those in Need: State Food Stamp Participation Rates 2000*, Mathematica Policy Research
2. *Food Stamp Participation by Eligible Older Americans Remains Low*, [USDA-ERS](#)
3. *Seniors' Views of the Food Stamp Program and Ways to Improve Participation - Focus Group Findings in Washington State*, [USDA-ERS](#)
4. *Customer Service in the Food Stamp Program*, [USDA](#)
5. *Seniors' Views of the Food Stamp Program and Ways to Improve Participation - Focus Group Findings in Washington State*, [USDA-ERS](#)
6. *Serving Elders at Risk: The Older Americans Act Nutrition Programs*, [Administration on Aging](#)
7. *Hungry in America*, [The Nation](#)